



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure No.: MSP 3.1.8	Subject: USE OF FORCE & RESTRAINTS	
Reference: DOC Policy No. 3.1.8		Page 1 of 9, plus 3 attachments
Effective Date: September 29, 2000	Revision: (new effective date) December 1, 2011	
Signature / Title: /s/ Ross Swanson / MSP Deputy Warden		

I. PURPOSE

To provide staff with the appropriate training and guidance on the permissible use of force and restraints, and to ensure that force is only used when absolutely necessary, and only to the degree necessary to subdue and control an individual inmate or restore order to a disruptive group in the prison. These measures are not intended, and will not be used, as a means of punishment.

II. DEFINITIONS

Active Counter Measures - actions used to effectively escort, overcome, or restrain an inmate, or get him to comply with verbal orders.

1. Restraints
2. Inflammatory Agent (Oleoresin Capsicum – OC)
3. Conductive Energy Devices (tasers/stun guns/stun shields))
4. Chemical Agents (CS, CN or mace. Also streamers, foggers, and blast dispersions).
5. Batons
6. Kinetic Stunning Devices (SIMS)
7. Water Hoses

Baton – a Kubaton, extendable baton, or riot baton, made of plastic, wood, aluminum, or a similar material.

Chemical Agent - Orthochlorobenzalonoitrate (CS), an irritant.

Clinical restraints - the use of any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces free movement of an inmate's arms, legs, or body, that are ordered by qualified mental health professional staff. Approved clinical restraints are located in designated locked locations. The keys to the locked locations are in the Command Post.

The level of restraint used may vary according to the Psychiatrist/Physician's order and clinical judgment. At a minimum, the patient is to be restrained at the waist and one ankle. Additional limbs, other ankle, wrists, or the shoulders, may also be restrained if necessary. The following terms will be used when ordering restraints:

Full restraints: refers to the placement of a patient on a bed or in a chair with restraints applied to the waist, shoulders, each ankle, and each wrist.

Three point restraints: refers to the placement of a patient on a bed or in a chair with restraints applied to the waist and both ankles.

Two point restraints: refers to the placement of a patient on a bed or in a chair with restraints applied to either both wrists or both ankles.

All restraints will be securely fastened to the frame of the bed or chair. South Isolation room 6 serves the bed use location. All buckles and protrusions from restraint devices will be padded or located so that they do not rub against the inmate's body. Inmates are not restrained in a way that would jeopardize their health. Any time that any form of bed or chair restraint is used for behavioral interventions, the room must be locked when a staff member is not present in order to prevent the entry of unauthorized persons.

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Deadly Force - the use of any weapon, implement, or body movement that carries substantial risk of death or serious injury being inflicted upon the person against whom the force is being directed, including:

1. The firing of a firearm in the direction of a person, even though no purpose exists to kill or inflict serious bodily harm; except when a firearm is used to propel a kinetic stunning device or a projectile containing OC or CS.
2. The firing of a firearm at a vehicle in which a person is riding.

Documentation - reports such as Incident, Medical Evaluation, Disciplinary Infraction, and Use of Force Information, or photographs and/or videotapes of an incident, including all information identifying relevant evidence.

Escort Technique - actions to ensure appropriate moderate control of an inmate while moving them. These techniques can also be used in the event further control becomes necessary.

Flex Cuffs - temporary restraints made of flexible material to be used during emergency situations or when other restraints are unavailable.

Immediate Use of Force - actions that staff may immediately take in response to an emergency situation.

Inflammatory Agent - a substance classified as an inflammatory agent that affects the mucous membranes and the upper respiratory system, such as Oleoresin Capsicum (OC), derived from the cayenne pepper plant.

Kinetic Stunning Device – a projectile(s) delivered to inflict blunt force designed to temporarily incapacitate. These devices may be delivered by use of firearms.

Mechanical Restraint – a device such as handcuffs, belly chains, and leg irons.

Passive Counter Measures - techniques/strategies used by staff to gain compliance/control of an inmate without forcible physical contact.

Planned Use of Force - the use of force when time and circumstances allow the opportunity for planning and consultation, and approval by high-ranking staff.

Serious Bodily Injury - injury that creates a substantial risk of death or which causes permanent disfigurement or protracted loss or impairment of the function or process of any bodily member or organ.

Show of Force - movement of appropriate staff and/or equipment/weapons to an incident site for the purpose of convincing an inmate(s) that adequate staff and measures are available and will be used to successfully resolve the situation.

Soft Restraints - restraints made of leather, nylon, canvas or other soft material.

Use of Force Control Continuum - the application of progressive levels of force to gain control of an inmate, starting with passive counter measures up to and including deadly force. Use of force will be limited to the minimum amount of force necessary to control the situation.

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III. USE OF FORCE PROCEDURES

A. General

1. The use of force is sometimes necessary in the correctional environment for justifiable self-defense, protection of others, protection of property, and prevention of escapes.
2. Staff will only employ force to the degree necessary to control the inmate, and to the level that will be effective, with a minimum of harm to both staff and the inmate.
3. Staff will only utilize authorized equipment in order to prevent abuse of inmates and unnecessary injuries to staff or inmates.
4. Except in extreme emergencies, firearms are not permitted inside the prison, and only then upon authorization of the Warden or designee.

B. Levels of Force

1. Planned Use of Force can be used at any level in the use of a force continuum. Planned use of force incidents should be video taped. Staff involved in these incidents should utilize protective equipment. An example of planned use of force is a cell extraction.
2. Immediate Use of Force may be used by a staff member to respond to an emergency when there is no time to formulate a plan or notify an immediate supervisor, and the situation constitutes a serious threat to the safety of staff, public, inmates, or prison security. Immediate use of force should be employed in a manner that poses the least risk to staff.

C. The Continuum of Force

Staff are expected to know and be able to apply the proper level and type of force needed to control an inmate's behavior. Minimum harm to staff and inmates is the goal, but the overall objective is to gain compliance, control, and facility order. Force should be limited to the minimum amount necessary to control the situation. Force will not be used to punish, harass, coerce, or abuse inmates (*see attachment A, Control Continuum*)

1. **Passive Counter Measures** are techniques/strategies used by staff to gain compliance/control of an inmate without forcible physical contact, such as:
 - a. Communications.
 - b. Videotaping of the inmate(s).
 - c. Show of force.
2. **Active Counter Measures**
 - a. Staff are justified to use active counter measures to:
 - 1) Control unruly inmates.
 - 2) Separate participants in a fight.
 - 3) Defend staff, inmates, other person, or ones self.
 - 4) Prevent crime.
 - 5) Prevent escape.
 - 6) Prevent damage to property that could result in loss of facility order or escape.
 - 7) Maintain security.
 - 8) Prevent or intercede in self-harm behavior.
 - 9) Move inmates who fail to comply with lawful orders.
 - b. Staff are authorized to use the following active counter measures in an immediate use of force situation without prior approval:
 - 1) Physical force.

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- 2) Self-defense techniques.
- 3) Restraints.
- c. The following active counter measures may be used in an immediate or calculated use of force situation (**only** with the prior approval from the Shift Commander) or by a trained tactical group.
 - 1) Chemical agents and Oleoresin Capsicum (OC)
 - a) The Warden or designee may authorize the use of chemical and/or inflammatory agents to control an inmate or group of inmates who cannot be controlled with a lesser means of force.
 - b) The provisions of *MSP 3.1.8A, Use of Chemical Agents & Oleoresin Capsicum (OC)* will apply in such circumstances.
 - c) In a planned use of force situation, medical information should be considered prior to using inflammatory or chemical agents. This is done to determine whether the inmate has a disease or condition that would be seriously aggravated if the agent were used. This is not required if circumstances are such that immediate use is necessary.
 - 2) Conductive energy devises (tasers/stun guns/stun shields)
 - a) The Warden or designee may authorize the use of conductive energy devises to control an inmate or group of inmates who cannot be controlled with a lesser means of force.
 - b) The provisions of *MSP 3.1.8B, Taser Deployment* will apply in such circumstances.
 - c) In a planned use of force situation, medical information should be considered prior to using conductive energy devises. This is done to determine whether the inmate has a disease or condition that would be seriously aggravated if the device were used. This is not required if circumstances are such that immediate use is necessary.
 - d) Only staff who have received proper training in the use of these devices are authorized to use them.
 - 3) Batons.
 - a) Staff may use batons when the degree of force that can be applied by direct contact alone is inadequate to separate fighting inmates or to quell other types of violence.
 - b) Staff will not carry batons during the course of their duties.
 - c) A supply of batons will be maintained in the Armory for issue when authorized by the Shift Commander.
 - d) Squad tactics may be necessary in responding to incidents in cells or other areas. Only staff trained in these tactics will be assigned to these activities.
 - e) Only staff who have received proper training in the use of batons, shields, and other protective equipment will be authorized to use them.
 - 4) Kinetic stunning devices (SIMS).
 - a) Less lethal munitions, such as rubber or wooden projectiles or beanbags, are an additional option for controlling violent situations when approved by the Warden or designee.

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- b) While these munitions do not expose the inmates involved to as great a risk of death or serious injury, they must be used in accordance with manufacturer's recommendations and must not be directed at the head.
- c) Only staff who have received proper training in the use of less lethal munitions may be authorized to use them.
- 5) Water hoses.
 - a) The use of water hoses may be authorized when lesser degrees of force have failed to bring an incident under control.
 - b) The decision to employ water hoses will be made only with the approval of the Warden or designee.

3. **Deadly Force**

- a. Staff have the obligation and responsibility to exercise discipline, caution, restraint and good judgment when using potentially deadly force.
- b. Staff must keep in mind that the use of potentially deadly force presents a danger to the subject and to innocent parties.
- c. Only trained and qualified staff are authorized to use deadly force, and only as a last resort.
- d. Staff may only use deadly force for the following reasons, and only after all reasonable alternatives have been exhausted:
 - 1) To prevent death or serious injury of any person when no other means of resolving the situation is evident.
 - 2) To prevent escape, if the escape is actually in progress and cannot be reasonably prevented with a lesser degree of force.
 - 3) To protect property only when its damage or loss would facilitate escape, loss of life, or serious bodily injury.
 - 4) To suppress a riot when there is reason to believe that an inmate(s) poses an imminent threat of escape, death, or serious bodily injury.
 - 5) To prevent unauthorized persons, vehicles, or aircraft from attempting to breach the perimeter fence of the facility.
 - 6) To prevent an escape, the loss of life, or serious bodily injury to hostage(s) (civilians, staff or inmates) in hostage situations.
- e. The following four conditions or elements are part of the decision-making process to determine whether the inmate's actions constitute the threat of imminent danger of death or serious bodily injury:
 - 1) **Ability or Apparent Ability** - Does the inmate possess the ability or the apparent ability to cause serious injury or death to you or a third party? Disparity in size, age, strength, gender, numbers, and the level of aggressiveness of the involved parties are all important factors when considering the element of ability.
 - 2) **Opportunity** - The staff member must reasonably believe that the inmate(s) is within effective range and in a position to cause serious bodily injury or death to the staff member or a third party.
 - 3) **Imminent Jeopardy** - The inmate must be acting in such a manner that a reasonable person would conclude that serious bodily injury or death is imminent.

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- 4) **Exhaust all Reasonable Options** - The staff member should employ deadly force as a last resort when there is no reasonable alternative.
- f. Firearms
 - 1) Staff must successfully complete the approved training curriculum to carry and/or use firearms in the course of their duties.
 - a) MSP Training staff will ensure applicable state regulations are applied in all training on all approved weapons.
 - b) MSP Training staff will maintain an up-to-date listing of all staff qualified to use weapons.
 - 2) Staff will give a verbal warning prior to discharging a firearm, except as noted below during transports.
 - 3) Warning shots:
 - a) Unless the situation is immediately life threatening, staff will fire a warning shot before any other shots, but firing of a warning shot is not mandatory.
 - b) Transport officers are prohibited from firing warning shots in the event of an escape or attempted escape from custody on transports off prison property. If time and opportunity allows a transport officer ***may give a verbal warning*** before discharging the firearm.
 - 4) If aimed fire at an inmate is necessary, the intention is to stop.
 - 5) Staff members who are fired upon by an inmate or non-offender may return fire, but must take into account the safety of noncombatants who may be in the vicinity.
 - 6) Staff using firearms will employ all possible caution:
 - a) When in the proximity of civilians.
 - b) When a fired shot may carry into an inhabited area.
 - 7) Requirements for reporting when weapons have been discharged, as well as necessary training for all types of authorized weapons are outlined in *DOC/MSP 3.1.31, Firearms*.

D. Follow-Up

The following procedures will be utilized to ensure that inmates subjected to use of force techniques are not unduly injured, and to provide necessary treatment after inadvertent injuries:

1. After active counter measures or deadly force has been used against an inmate, and particularly when a conductive energy device, a chemical agent, or an inflammatory agent has been used, the inmate will be examined by medical staff and receive any necessary intermediate treatment as soon as possible, including the opportunity to shower.
2. Further medical attention will be immediately provided as soon as possible.
3. Medical staff will treat injured staff and file a full report on the nature and extent of those injuries with the Warden.
4. Staff will have the option of seeing their personal medical provider.

E. Reporting Requirements (failure to report as outlined below will be treated as a possible criminal offense and regarded as willful, unprofessional conduct that will result in disciplinary action up to possible dismissal)

1. The Shift Commander will immediately notify the MSP Duty Officer when active counter measures or deadly force is used, including an accidental weapon discharge.

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2. Involved staff will submit initial incident reports to the Shift Commander by end of the shift in which the incident occurred. The information surrounding the incident in the report must include, but is not limited to, the following:
 - a. An account of the event(s) leading to the use of force.
 - b. An accurate and precise description of the incident and reasons for employing force.
 - c. A description of the weapons or devices used, if any, and the manner in which they were employed.
 - d. A description of injuries suffered, if any, and the treatment given or received.
 - e. A list of all participants and witnesses to the incident.
3. If significant details were not provided in the initial report, the involved staff will submit any and all supplemental information and final reports to the Shift Commander within 72 hours of the incident.
4. Attending health care providers will submit a medical report to the Shift Commander for inclusion in the *Use of Force Information Sheet (Attachment B)*.
5. The Shift Commander will prepare a *Use of Force Information Sheet (Attachment B)* that includes a full description of incident details and supporting evidence including, but not limited to:
 - a. A copy of all incident reports compiled as a result of the incident.
 - b. A copy of all medical reports where active counter measures or deadly force was used, even when there are no apparent injuries.
 - c. Any videotape or photographs relating to the incident.
 - d. A copy of any related inmate disciplinary infraction reports.
6. The Warden and/or designee(s) will evaluate the incident, materials, and reports on the next working day by preparing a *Use of Force Evaluation Report (attachment C)*. The Warden will provide the information to the DOC Director in his bi-monthly report.
7. The Security Major will document all use of force incidents on the Security Program Monthly Report submitted to the Warden and Deputy Warden.
8. After completion of administrative review and investigation, the Security Major or designee will forward copies of all use of force incident information to:
 - a. The DOC Investigation Bureau Chief for review and filing.
 - b. The DOC Training Bureau Chief for review and potential training revisions as requested by the subject matter experts.
9. Reports of all injuries are to be filed in the inmate's central file and the employee's personnel record.

F. Allegations against Staff

1. Reasonable use of force by staff is a duty, and an appropriate action under difficult and often unpredictable circumstances. It is an utmost test of professionalism, and has the support and confidence of the facility administration.
2. Each use of force incident is a critical event that is taken seriously, and the related administrative oversight is an expression of that importance.
3. Staff may face immediate disciplinary consequences or corrective actions for malicious or excessive use of force.
 - a. The Warden or designee must investigate all allegations of improper use of force, and will process them pursuant to *DOC Policies 1.3.12, Staff Association & Conduct with Offenders* and *1.3.13, Staff Misconduct Investigations*.

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- b. The Warden or designee will notify the appropriate law enforcement agency for incidents where possible criminal acts are involved. Staff have Miranda rights in the event that there is a possibility that criminal charges may be filed.
- 4. Safeguards against unwarranted accusations of this type include:
 - a. The plan for formal review and information-sharing by key administrators and supervisors to include a thorough examination of documents, videotapes, and related material.
 - b. Administrative encouragement of staff accountability through tangible support for excellent work, constructive criticism toward improved performance, and assurance of fair treatment.

IV. RESTRAINT PROCEDURES

A. Restraints and Their Use

- 1. Staff must successfully complete the approved training curriculum to carry and/or use the following restraints and other nonlethal means of restraint in the course of their duties:
 - a. Handcuffs.
 - b. Leg irons.
 - c. Belly chains.
 - d. Black box security devices for handcuffs.
 - e. Soft restraints.
- 2. Restraint equipment is used to:
 - a. Prevent threats to security, escape, assault, suicide, or other circumstances approved by the Warden or designee.
 - b. Deal with inmates exhibiting severe mental health behaviors.
 - c. Control violent or disruptive inmates.
- 3. Staff will restrain locked housing status inmates behind their back and/or apply belly chains before they move them out of their cells for any purpose, other than inmates assigned to unit jobs or participating in dayroom activities.
- 4. For inmates in general population units, the use of restraints to control behavior is authorized only when all other reasonable methods have failed.
- 5. Inmates in general population being moved to a locked housing unit will be handcuffed behind the back prior to escort.

B. Transportation

The use of restraints for inmates under escort outside the facility is outlined in *MSP 3.1.12, Inmate Escort & Transport*.

C. Clinical Restraints and Therapeutic Seclusion

- 1. Clinical restraints will be used only when an inmate is in imminent risk of significant violence or self-destructive behavior and no other less restrictive intervention is possible.
- 2. The on call mental health professional may order the utilization of clinical restraints on an inmate for up to one hour. For any restraint use beyond one hour, the psychiatrist / physician must authorize and write the order with the type of restraint (e.g. full restraint), restrictions, rationale, and criteria for release in the medical record.
- 3. Health services staff must immediately notify Command Post staff whenever clinical restraints are utilized, informing them of all applicable information related to the use. Command Post staff will provide for assistance from correctional officer staff as needed.

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4. Initial clinical restraint orders are valid for a maximum of 24 hours.
 - a. In order for clinical restraint orders to be continued beyond 24 hours, the inmate must be physically seen by the psychiatrist/physician and a new order written by them for the continued use.
 - b. If clinical restraints are completely removed for any reason during the initial 24 hour period, a new order must be written by the psychiatrist/physician before reapplication of the restraints.
5. Clinical restraints will be applied as directed by mental health staff (for less than one hour) or the psychiatrist/physician (any use longer than one hour) in an area designed to facilitate the safety of staff and the inmate.
6. Infirmary and correctional officer staff will assist in the application of clinical restraints as instructed by the mental health professional and/or the psychiatrist/physician.
7. Medical personnel will check these restraints at least every two hours, and provide the inmate with the opportunity for range-of-motion (ROM) exercise to both the upper and lower extremities for at least a total of 10 minutes, unless the inmate's behavior renders this impossible or unsafe for staff.
8. When clinical restraints are used, a correctional officer will be stationed directly outside of the inmate's cell location to provide observation. The correctional officer will maintain a log book, making notation every 15 minutes of the inmate's status, and will immediately alert infirmary staff to any problems that may occur.
9. The clinical restraint equipment will be located in designated locations with key access obtained through the Command Post.
10. MSP Health Services Operational Procedure HS I-01.1 contains the details concerning the utilization of clinical restraints.

D. Emergency Use of Restraints

The use of restraints during emergencies will be for no more than one hour, within which time a written order must be obtained from a physician or physician assistant. No restraint order is effective for more than 24-hours, and must be renewed after 24-hours in order for restraint to be continued.

E. Training

MSP Training staff will provide training in the proper use, and necessary techniques, for each of the restraint devices employed at Montana State Prison, including the appropriate controls on the handling of cuff keys.

V. CLOSING

Questions concerning this operational procedure will be directed to the immediate supervisor.

VI. ATTACHMENTS

DOC Control Continuum table

Attachment A

Montana Department of Corrections Use of Force Information Sheet

Attachment B

State Of Montana Department of Corrections Use of Force Evaluation Report

Attachment C

DOC CONTROL CONTINUUM

Officer Presence: The identification of authority by officers such as:

- Clean, well kept uniform, badge, and other official markings
- Show of force by numerous officers or special response units
- Videotaping
- Movement of appropriate staff, equipment, and/or weapons to an incident site

Verbal Direction: Commands of direction toward an offender by a staff member.

- Verbal commands include any verbal direction given to an offender by an officer or other DOC staff member

Soft Empty-Hand Techniques: Techniques designed to control low levels of resistance, which include:

- Pressure point control techniques
- Joint Locks
- Pain Compliance techniques
- Distractionary striking techniques

Hard Empty-Hand Techniques: Techniques designed to control less lethal aggression/assaults against an officer/staff (e.g., advancing, challenging, punching, kicking, grabbing, etc.). They include:

- Defensive Counterstrikes
- Shoulder Pin Restraint
- Takedowns

Intermediate Weapons: The application of any weapon/object that is not part of the human body to control resistance or an assault and may include:

- Restraints
- Inflammatory Agents such as OC.
- Chemical Agents such as, CS, CN, or mace. Also streamers, foggers and blast dispersions.
- SIMS - includes bean bags, foam batons, neoprene stinger balls, etc. that can be fired from shotguns, 37mm or 40mm launchers, or hand delivered in grenade form.
- Impact weapons such as collapsible batons, riot batons, riot shields, etc.
- Conductive Energy Devices (tasers/stun guns/stun shields)
- May also include emergency/improvised weapons such as flashlight, radio, etc.

Lethal Force: Any force used that is likely to result in serious bodily harm or the loss of human life. This may include:

- Use of a firearm
- Use of edged weapons
- Use of impact weapons to the head or neck
- May also include emergency/improvised weapons/techniques likely to cause serious bodily harm or the loss of human life

NOTE: Staff may enter the continuum at any level that represents a reasonable response to the perceived threat posed by the subject.

MONTANA DEPARTMENT OF CORRECTIONS USE OF FORCE INFORMATION SHEET

OFFENDER INFORMATION

Offender Name: _____ ID#: _____ Unit: _____ Custody: _____
 Race Code: ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Hispanic ☐ Other (specify): _____

INCIDENT INFORMATION

Date of Incident: ____ / ____ / ____ Time of Incident: _____ hrs Place of Incident: _____
 Name & Title of On-Scene Supervisor: _____
 Type of Force Used ☐ Immediate ☐ Planned
 Photographed? ☐ Yes ☐ No Videotaped? ☐ Yes ☐ No Processed as Evidence? ☐ Yes ☐ No
 Administrator Notified? ☐ Yes ☐ No Name: _____ Date: ____ / ____ / ____ Time: _____ hrs
 Was OC use medically cleared? ☐ Yes ☐ No By? _____ Date: ____ / ____ / ____ Time: _____ hrs
 Was a medical staff person on-scene? ☐ Yes ☐ No Name: _____ Time: _____ hrs
 Was a post incident medical evaluation of offender completed? ☐ Yes ☐ No By? _____

Reporting Shift Supervisor: _____

<u>Level of Force Applied</u>	<u>Reason for Force</u>
<p>Active Counter Measure: _____ Deadly: _____</p> <p><input type="checkbox"/> Physical Force/Self Defense <input type="checkbox"/> Firearm</p> <p><input type="checkbox"/> Restraint Device <input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> OC</p> <p><input type="checkbox"/> Chemical Agent</p> <p><input type="checkbox"/> Baton</p> <p><input type="checkbox"/> Distraction Device</p> <p><input type="checkbox"/> Kinetic Device</p> <p><input type="checkbox"/> Conductive Energy Device (taser)</p> <p><input type="checkbox"/> SIMS</p>	<p><input type="checkbox"/> Self defense/defense of another</p> <p><input type="checkbox"/> Maintenance of security</p> <p><input type="checkbox"/> Prevention of a crime</p> <p><input type="checkbox"/> Prevention of self harm activity</p> <p><input type="checkbox"/> Prevention of escape</p> <p><input type="checkbox"/> Prevention of property destruction</p> <p><input type="checkbox"/> Refusal of an order</p>

<u>Names & Titles of All Staff Involved</u>	<u>Did they file a report?</u>	<u>Is their report attached?</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Name(s) and ID#(s) of Other Offenders Involved</u>	<u>Did they file a statement?</u>	<u>Is their statement attached?</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Name(s) of Victim(s) Involved</u>	<u>Did they file a statement?</u>	<u>Is their statement attached?</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
USE OF FORCE EVALUATION REPORT

OFFENDER INFORMATION

Offender Name: _____ **DOC ID#:** _____ **Unit:** _____ **Custody:** _____
Race Code: ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Hispanic ☐ Other:

INCIDENT EVALUATION

Administrative Evaluation Committee:

Date Reviewed

Time Reviewed

	/ /	hrs.
	/ /	hrs.
	/ /	hrs.

Was the level and type of force properly identified and needed? If "No" comment: ☐ Yes ☐ No

Was the application of the control method used appropriate? If "No" comment: ☐ Yes ☐ No

Was there an opportunity for voluntary compliance? If "No" comment: ☐ Yes ☐ No

Was there proper use of protective gear? If "No" comment: ☐ Yes ☐ No

Was there proper and continuous use of the video camera in a planned use of force? If "No" comment: ☐ Yes ☐ No

Was the verbal content of the incident in regards to staff language appropriate? If "No" comment: ☐ Yes ☐ No

Documentation Reviewed:

- | | |
|---|--|
| <input type="checkbox"/> Video Tape | <input type="checkbox"/> Shift Supervisor's Report |
| <input type="checkbox"/> Photographs | <input type="checkbox"/> Medical Report |
| <input type="checkbox"/> On-Scene Supervisor's Report | <input type="checkbox"/> Staff Incident Reports |

This Evaluation Committee has determined:

- ☐ The action taken with respect to this use of force incident was reasonable and necessary.
- ☐ This situation needs further investigation and has been referred to the Department Investigations unit.
- ☐ A copy of this packet was sent to the Department Investigations Bureau Chief for further review.

Reviewer Name: _____ **Date:** / /

